Department of Public Health
Network User Information
For Computer Network Users without a State Employee ID Number

Complete this form electronically using Adobe Acrobat version 8.1 or higher and submit this form via e-mail. Upon receipt of this form each non-state employee will be assigned a Non-State-Employee ID number that will allow them access to the PACE online training system for Commonwealth and Department trainings.
For help with Adobe Acrobat upgrades contact the DPH Help Desk .

Forms completed incorrectly will be returned for modification.   * Mandatory Field | Clear all data on form |

Date * [   ]

Please use your proper name (no nicknames).

First Name * [   ]   Last Name * [   ]

What is your Login Name to get into the State network? (e.g. JSmith) [   ]

What is your State /Business E-Mail Address (if applicable)* [   ]

Agency you work for or are associated with ◯ DPH   ◯ EHS   ◯ Other

Do you have a State Employee ID number? *   ◯ Yes   ◯ No

Select Bureau/Hospital Name first then Office/Unit Name. Office/Unit name will automatically fill in Agency & Mail Drop Codes.

Bureau /Hospital Name you work for * [   ]

Office /Unit Name * [   ]   Agency Code [   ]   Mail Drop [   ]

Selected Work Location will automatically fill in the Site & Location Codes.

Work Location* [   ]   Site [   ]   Location Code [   ]

Supervisor's Name * [   ]   Supervisor's E-mail * [   ]

Your State /Business Phone Number (if applicable)* [   ]

If you are currently or will be using a state owned telephone we need your birth month and birth day (no year) to create a future voice mail box.

What is your birth month (2 digits, MM) * [   ]   What is your birth day (2 digits, DD) * [   ]

Your Non-State Phone Number (Cell or Daytime). [   ]

Your Non-State E-mail Address. [   ]

List your Employer or Institutional Affiliation (if applicable) [   ]

Do you have a state computer assigned to you for your use?   ◯ Yes   ◯ No

Have you previously logged on to PACE to do on-line training? *   ◯ Yes   ◯ No

Notes:
[   ]

If you have any questions or need assistance in filling out this form contact: MDPH_ISO@state.ma.us

| E-Mail Completed Form |

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